## ana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4 67	Address:	6400 N	485000 /m
Case #: 42-27026		<u>Gerus</u>	ring In
County: Drawn			47240
Type of Laboratory Seizure (check one)	Selzure Location (	theck all that appl	y)
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding Vehicle	Hotel/Mo Open – N Other:	
Items Found: Location (bedroom, kitchen, or (check all that apply)  Check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Flammable Solvents:  Water Reactive Metal (Lithium):  Anhydrous Ammonia:  Hydrochloric Acid Gas Generator(s):  Corrosive Acid:  Corrosive Base:  Other (item and location):	Tiank		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Ephedrin	erchant Tip	ine Tracking Log
This report is to be faxed to the following	agencies that serve the b	ocation; .	
Fire Department Craws Dry VFD			
Health Department: Dec	Fax: 1	ound a	
Child Protection Service:	Fax:	. "	
For further information regarding this methal Investigating Officer:		ontact 5000	

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.